

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000255276

**Entity Name:** AVIPRO SOFTWARE LLC

**Current Principal Place of Business:**

14934 DOUGLAS STREET  
DADE CITY, FL 33525

**Current Mailing Address:**

14934 DOUGLAS STREET  
DADE CITY, FL 33525 US

**FEI Number:** 88-2742475

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ZENBUSINESS INC.  
336 E. COLLEGE AVE.  
SUITE 301  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name           STANKICH, WADE  
Address        14934 DOUGLAS STREET  
City-State-Zip: DADE CITY FL 33525

Title            AMBR  
Name           BALCH, KRIS  
Address        6605 STATE ROUTE 5 LOT 7  
City-State-Zip: RAVENNA OH 44266

Title            AMBR  
Name           BARKER, PETER  
Address        5215 GRIMES RD  
City-State-Zip: POLK CITY FL 33868

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WADE STANKICH

AMBR/PARTNER

02/06/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date